

5 15 1 2 2 5 1 No. Please type a plus sign (+) inside this box ->

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Tracement Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information units a valid OMB control number

Attorney Docket Number				
First Named Inventor	-VAMES A. Wackly			
COMPLETE IF KNOWN				
Application Number	10 1756,966			
Filing Date	01-14:04			
Group Art Unit				
Examiner Name				
	First Named Inventor COMPLETE Application Number Filing Date Group Art Unit			

As a below named inventor	, I hereby deciare that:		•		
My residence, post office add	ress, and citizens.hip are	es stated below next to m	y name.		
I believe I am the original, first names are insted below) of the	t and sole inventor (if on a subject matter which is	ly one name is listed below claimed and for which a pi) or an onginal, i itent is sought o	irst and joint inv the invention e	entor (if piural httled:
3104h	ers 3	Ait 31	i G		
the specification of which	(Te	te of the invention)			
OR STREET					
was filed on (MM/DO/)	m) 01.19	4.04 as Unite	d States Applica	ition Number or	PCT International
Application Number 10/7	56-960 and w	res amended on (MM/DD/Y	m		(# applicable).
I hereby state that I have revie amended by any amendment i	wed and understand the specifically referred to ab	contents of the above identities.	tified specificatio	in, including the	ciaims, as
I acknowledge the duty to disc	ose information which is	material to patentability as	defined in 37 CF	FR 1.56.	
					
I hereby claim foreign priority to certificate, or 365(a) of any PC America, listed below and have or of any PCT international appli	T international applications in the state of	on which designated at lea checking the box, any fore-	ist one country	other than the l	Indeed States and
Prior Foreign Application	Country	Foreign Filing Date	Priority	Certified Co	py Atlached?
Number(s)	Country	MMODMM	Not Claimed	YES	NO
	•				
		<u> </u>			
Additional foreign application	numbers are tated on a	supplemental priority data	sheet PTO/SB/0	28 attached her	i
I hereby claim the benefit unde	r 35 U.S.C. 119(e) of an	y United States provisional	application(s) hs	red below	
Application Number(s)	Application Number(s) Filing Date (MM/DD/YYYY)				
li .			Addition	anal provisiona	application
•				ers are listed o	
	İ			mental pnomy	
			P10/S	B/02B attache	od nereto.
		<u></u>			

(Page 1 of 2)

Burden Hour Statement: The form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trecement. Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assestant Commissioner for Patents, Washington, DC 20231.



e valid OMB control number.

PTC/SB/01. (12-97)
Approved for use through 9/30/00. OMB 0651-0032
temant Office: U.S. DEPARTMENT OF COMMERCE
enond to a correction of information unless it contains

ARATION — Utility or Design Patent Application

I hereby clas	im the benefit under 15 H C P 42	of any I have different					
United State	im the benefit under 35 U.S.C. 120 is of Amenca, lasted below and, a is or PCT International application which is material to patentability a onal or PCT international filing date	in the manner provided by	CA AMENIA OF THE CHEMICS OF DI	de suppremient is no	disposed in the provi		
	U.S. Parent Application o		Parent Filing Date	Perent	Patent Number		
	Number		(MM/DD/YYYY)		Parent Patent Number (if applicable)		
	•				j		
Additiona	al U.S. or PCT international applica	rion numbers are listed on	a supplemental priority data s	heet PTO/SB/028	Mached barata		
ra pemed ir	nventor, I hereby appoint the fotourit Office connected therewith:	und understand beactificulated	s) to prosecute this application	and to transact all	business in the Patent		
		OR PROMOTE NUMBER		→ Pi	mber Ber Code		
	<u>-</u>	Registered practitioner(s)	name/registration number liste	ad below	Labelbare		
	Name	Registration Number	Name		Registration Number		
	·	-					
					}		
Additional	registered practitioner(s) named o	n supplemental Registered	Practitioner Information sheet	PTO/SB/02C attac	hed hereto		
Direct all con		er Number Code Label	OR D	Corresponder	ce address below		
Name	NAMES AN	dren W.	Addy In.				
Address	11680 50	outh LAI	IREN DR	# 3A	. ,		
Address							
City	LAURER	,	State Mel ,	20	708		
Соильту	U.S.A	Telephone 30/	217.11/20		700		
hereby declar bleved to be inshable by i oplication or a	re that all statements made herein inue, and further that these state fine or impresonment, or both, un ny pateni rissued thereon.	n of my own knowledge a	re true and that all statement	ax similar and information and the statements and the statements are statements may peoperaize	tion and belof are the so made are the velidity of the		
	ole or First Inventor:		A petition has been file	d for this unsigne	ed inventor		
	ven Name (first and middle [if:	anyl)	Family N	me or Sumane			
JAME	es Andrew C	VACILY YR		ddy			
igneture	Lames	axilien	Welly &	Den	08.27.0		
	ny VLAUREL	State Mil	Country 2/5	A CRIPPI	11.6		
esidence: CI	- Tentaneci						
	10/05	LAINEL	- BOWIE R	d. mil.	20708		
tesidence: Cl ost Office Ad- ost Office Ad-	12625	LALKEL	- BOWIE R	d. md.	LINEL		
ost Office Ad	12625	Md 20	20222	el- Mil.	LINEL		